as have conditions characterized by rapid shifts in mood, overactivity and restlessness. Lithium is believed to be a safe drug for investigation in children but is inadequate for treating hyperactivity unresponsive to stimulant medication.

ROBERT A. SOLOW, MD

REFERENCES

Ossofsky HJ: Endogenous depression in infancy and childhood. Compr Psychiatry 15:19-25, Jan-Feb 1974

Krakowski AJ: Depressive reactions of childhood and adolescence. Psychosomatics 11:429-433, Sep-Oct 1970

Kelly JT, Koch M, Buegel D: Lithium carbonate in juvenile manic-depressive illness. Dis Nerv Syst 37:90-92, Feb 1976

Cerebral Lateral Asymmetry and Psychiatric Issues

THE TWO CEREBRAL HEMISPHERES exhibit cognitive specialization and the potential for independent functioning. This provides a useful conceptual framework for relating styles of thinking, psychological defenses and variations in awareness.

Observations on split-brain patients indicate that each disconnected hemisphere is independently conscious and that, in general, the left hemisphere dominates their postoperative behavior. A parallel is noted between the functioning of the isolated right hemiphere and mental processes which are repressed, unconscious and unable to directly control behavior. Both the right hemisphere cognitive mode and primary process thinking are characterized by image representations, nonsyllogistic logic and little concern for temporal sequencing. Perhaps even with an intact corpus callosum, mental events in the right hemisphere can become disconnected functionally from the left hemisphere (by inhibition of neuronal transmission across the corpus callosum) and can continue a life of their own. This suggests a neurophysiological mechanism for at least some instances of repression and indicates an anatomical locus for unconscious mental content.

If repression is subserved by a functional disconnection of right hemisphere mental processes, unconscious ideation would be expressed primarily through channels not preempted by the dominant verbal left hemisphere. Several studies suggest that the right hemisphere does play a special role in dreaming and in conversion symptoms and other psychosomatic disorders.

The two hemispheres also show differences in affective reactions or coping strategies following unilateral cerebral injuries or in the course of the intracarotid amytal test. Denial of illness or euphoria is seen most often following right lesions and "catastrophic" or depressive reactions most often following left lesions.

DAVID GALIN, MD

REFERENCES

Galin D: Implications for psychiatry of left and right cerebral specialization—A neurophysiological context for unconscious processes. Arch Gen Psychiatry 31:572-583, Oct 1974

Sperry RW: Lateral specialization in the surgically separated hemispheres, *In* Schmitt FO, Worden FG (Eds): Neurosciences. Cambridge, MIT Press, 1974

Life Stress and Disease

PEOPLE have long known that life stress is in some way correlated with the onset and course of illnesses. This knowledge, however, was always in the form of anecdotal evidence only. Beginning some years ago investigators pioneered a method of quantifying life stresses.

Because almost every person has had experience with marriage in one context or another (either as a marriage partner or as a member of a family), and therefore has an opinion of its meaning in his life, marriage was used as a yardstick of the effect of life changes on a person's adjustment pattern. For research purposes, marriage was given an arbitrary weight of 50 points. Various populations were then asked about the disruptive effect on their lives of other life events as they compared with marriage. Examples of such life events are getting divorced, being fired from work, getting promoted or having a spouse die. Each was given a certain number of points based on marriage as 50. This system allowed for subjects' recent life stresses to be represented numerically, with stress totals determined for arbitrary time intervals—such as one year. The hypothesis was that persons with high life stress scores would be more likely to become sick than persons with low life stress scores.

Numerous studies, both here and abroad, of a retrospective as well as prospective nature have amply confirmed the hypothesis. Persons with a high life stress score are indeed much more at risk than those with low scores. In addition, the higher the score, the more likely that the illness that develops will be a serious one. These relalationships are actuarial rather than absolute in character, so that not everyone with a high score gets sick, but the tendency is definitely present in groups of such persons.